

## **Virginia Department of Education**

### **A Summary of Virginia School Divisions' Reports on School Health Advisory Boards and Local (School) Wellness Policies**

**2010-2011 School Year**

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***January 31, 2012***

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## *Acknowledgments*

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### *Project Funding*

This evaluation project was supported by the Virginia Department of Education through a Cooperative Agreement (5U87DP001199-04) from the Centers for Disease Control and Prevention (CDC), Division of Adolescent and School Health. Report contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC.

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## Executive Summary

This final report summarizes responses from representatives of Virginia School Health Advisory Boards (SHABs), based on annual reports and a survey about their local (school) wellness policies (LWP) submitted to the Virginia Department of Education. These were announced on February 25, 2011, in Superintendent's Memo #057-11, followed by an e-mail to each school division SHAB contact person referring them to an online site for downloading the entire survey. A total of 127 annual reports were received from SHABs out of 132, representing 96.2% of school divisions.

The goal of this assessment was to assist the Virginia Department of Education in:

- evaluating school divisions' compliance to the *Code of Virginia* SHAB requirements, Public Law 108-265
- highlighting accomplishments of SHABs on local and statewide levels; and
- assessing progress of local (school) wellness policies in achieving goals

In terms of compliance, the 1992 General Assembly amended and reenacted §22.1-275.1 of the *Code of Virginia* (see Appendix A) to state that each school division be required to have a SHAB that: is comprised of no more than 20 members; meets at least semi-annually; and submits a report on the status and needs of student health in their respective school divisions. In 2010-2011, 34 (26.7%) SHABs had more than 20 members, 11 (8.7%) school divisions did not hold the necessary number of meetings, and 46 (34.8%) did not submit an oral or written report to the local school board at all.

SHABs reported the most goals under "other" category (142), followed by reviewing school nutrition program procedures and offerings (33), conducting a needs assessment/data collection (25), and developing and improving student health services (20). There was a very significant increase over the past year in number of SHABs with operating procedures/bylaws. In the 2010-2011, survey 81.9% SHABs had established operating procedures/bylaws, whereas in the previous survey, 2009-2010, only 59.2% reported having them.

The most accomplishments (41) were reported by SHABs under "other," which meant they were not defined by one of the 29 possible activities (see Table 6 for list of activities). Most achievements combined many elements of student and staff health and wellness initiatives and, therefore, it was not possible to classify them into one category. Out of 123 SHABs which responded to that question, 28 SHABs described improvements to their operations, and 10 described development and/or improvements of student wellness.

Related to the local (school) wellness policies, the majority of SHABs implemented goals in each area of the policy. Approximately 98% of SHABs implemented goals for nutrition education (range 1 to 9 goals, average 5.2 per SHAB). The goals of nutrition standards were implemented by 98% SHABs (range 1 to 5 goals, average 2.7 per SHAB). The ninety-four percent of SHABs implemented physical activity goals (range 1 to 6 goals, average 3.8 per SHAB). In the category of student wellness, approximately 99% of SHABs set goals for 2010-2011 (range 1 to 12 goals, average 8 per SHAB).

SHABs indicated they planned to revise goals for all of the four major areas of the local wellness policy. Specifically, 36.8% planned to revise nutrition standards, 31.2% nutrition education, 26.4% student wellness, and 24.0% physical activity. Evaluation for all areas of the local wellness policy and overall wellness policy implementation was conducted primarily through observation of practices, with one-third using surveys of students, staff, parents, and/or administrators, and one quarter of SHABs using baseline data for evaluation purposes. Less than 40% of school divisions indicated they have conducted an evaluation of local wellness policy implementation. The same number are planning to use the evaluations to revise the LWP.

## Purpose

The purpose of this report is to summarize responses from representatives of Virginia School Health Advisory Boards (SHABs) based on annual reports and a survey about their local (school) wellness policies (LWP) submitted to the Virginia Department of Education to:

- evaluate school divisions' compliance to the *Code of Virginia* SHAB requirements, Public Law 108-265
- highlight accomplishments of SHABs on local and statewide levels
- assess progress on their local (school) wellness policies in achieving goals

## Methodology

The SHAB survey instrument (see Appendix B), including the annual report and local (school) wellness policy survey, was initially developed in 1992-1993 by the Virginia Department of Education (VDOE) and the Virginia Department of Health (VDH) to elicit information from school divisions about the SHABs accomplishments, effectiveness, and compliance with the *Code of Virginia*. Until 2002-2003, only modest changes were made to the survey at that time, more extensive changes were made in order to obtain additional information and to make the instrument easier to complete. Minimal changes were made from that point until 2008-2009 when several significant changes were made to the form to improve the quality of reporting. From 2003, school divisions were allowed to submit their responses to the survey electronically. The latest survey was announced on February 25, 2011, in Superintendent's Informational Memo #057-11

[http://www.doe.virginia.gov/administrators/superintendents\\_memos/2011/057-11.shtml](http://www.doe.virginia.gov/administrators/superintendents_memos/2011/057-11.shtml), followed by an e-mail to each school division health contact person referring them to an online site for downloading the survey. Of the 132 school divisions in Virginia, 127 responded to the survey, a 96.2% return rate.

## School Health Advisory Boards

In 1990, the General Assembly of Virginia amended the *Code of Virginia* to mandate that each school board establish a School Health Advisory Board (SHAB) to "assist with the development of health policy in the school division and the evaluation of the status of school health, health education, school environment, and health services." The 1992 General Assembly amended and reenacted §22.1-275.1 of the *Code of Virginia* (see Appendix A) to state that each school division be required to have a SHAB comprised of no more than 20 members, with "broad-based community representation including, but not limited to, parents, students, health professionals, educators, and others." Further, SHABs are required to meet at least semi-annually and submit an annual report on the status and needs of student health in their school divisions to the Virginia Department of Education (VDOE), the Virginia Department of Health (VDH), the school board, and any relevant school.

## Local (School) Wellness Policy

Section 204 of the Child Nutrition and WIC Reauthorization Act (Public Law 108-265) mandated that all school divisions participating in the USDA National School Breakfast and/or Lunch Programs develop a local (school) wellness policy (LWP) by the first day of the 2006-2007 school year. School divisions were formally notified of this requirement in VDOE Superintendent's Regulatory Memo #7 dated May 20, 2005. The LWP for each school division is required, at a minimum, to meet the following five objectives.

1. Include goals for nutrition education, physical activity, and other school-based activities to promote student wellness
2. Include nutrition standards for all foods and beverages available during the school day, with the objective of promoting student health and reducing childhood obesity
3. Provide assurance that local guidelines established shall not be less restrictive than USDA regulations and guidance, or existing Virginia regulations and guidance, as they apply to the school nutrition programs
4. Establish a plan for measuring implementation of the local policy
5. Involve parents, students, school nutrition program directors and/or managers, the school board, school administrators, and the public in development of the policy

## SCHOOL HEALTH ADVISORY BOARD (SHAB) ANNUAL REPORT FORM 2010-2011 SCHOOL YEAR

*A total of 127 annual reports were received from School Health Advisory Boards out of 132, representing 96.2% of all school divisions.*

### *Membership Information for SHABs*

According to Virginia *Code*, each school board shall establish a School Health Advisory Board (SHAB) of no more than twenty members, which shall consist of broad-based community representation including, but not limited to, parents, students, health professionals, educators, and others.

#### **Number of Members**

The average number of members on the SHAB was 19.5, with a range of six to 79 members. The only SHAB in category “up to 5 members” reported zero members. Thirty-four (26.8%) had more than 20 members and were therefore not in compliance with the *Code*. Table 1 shows the percentage by number of members from 2003-04 through 2010-2011. In this past year there was a small decrease in the number of school divisions with more than 20 members and almost no change in the average number of members. In total there were 2,475 individuals registered as SHAB members.

*Table 1: Percentage of School Health Advisory Boards in Each of Five Membership Ranges for 2003-2004 through 2010-2011*

	2003-4 %	2004-5 %	2005-6 %	2006-7 %	2007-2008 <sup>3</sup> % (n)	2008-2009 % (n)	2009-2010 % (n)	2010-2011 % (n)
<b>Up to 5 members</b>	0.0	2.3	0.0	0.9	0.8 (1)	13.2 (17) <sup>2</sup>	1.6 (2)	0.8 (1) <sup>4</sup> ↓
<b>6 – 10 Members</b>	18.5	10.7	14.5	14.4	10.7 (13)	6.2 (8)	10.4 (13)	6.3 (8)↓
<b>11 – 15 members</b>	31.5	29.0	29.0	32.0	35.6 (43)	22.5 (29)	24.8 (31)	32.3(41)↑
<b>16 – 20 members</b>	38.5	38.2	36.6	33.6	29.8 (36)	40.3 (52)	33.6 (42)	33.8(43)↔
<b>More than 20 members<sup>1</sup></b>	11.5	19.8	19.8	19.2	23.1 (28)	17.8 (23)	29.6 (37)	26.8(34) ↓
<b>Avg. Number of Members</b>	15.7	16.9	17.2	16.9	15.6	15.7	18.9	19.5↔

<sup>1</sup> Not in compliance with the *Code*.

<sup>2</sup> Includes 16 with memberships of 0.

<sup>3</sup> Only percentages were available for years prior to 2007-2008. Numbers are based on reported not calculated.

<sup>4</sup> Report of zero SHAB members

↔ Denotes no significant change from previous year; ↓denotes decrease from previous year; ↑denotes increase from previous year

#### **Representation and Diversity of SHAB Members**

School divisions were asked to report information about the SHAB members across 37 different subcategories. Table 2 shows the representation and diversity of SHAB members from 2003-2004 to 2010-2011. There were very small changes in the number of members in the 2009-10 and 2010-11 periods. All changes are less than

the limiting value of 3%. Nevertheless, several trends were similar to previous years. Educators comprised the largest category of membership (n=1255, 50.7%) followed by health professionals (n=424, 17.1%) and parents (n=359, 14.5%). Students represented the smallest proportion (n=92, 3.7%); however the group has grown over the previous two years. Parents of school-aged children and school nurses had the highest levels of participation for all categories of SHABs.

*Table 2: Number of SHAB Members by Category and Sub-Category for 2003-2004 through 2010-2011*

	<b>2003- 2004 N=2,047</b>	<b>2004- 2005 N=2,208</b>	<b>2005- 2006 N=2,249</b>	<b>2006- 2007 N=2,219</b>	<b>2007- 2008 N=2,053 reported N=3,592 calculated</b>	<b>2008- 2009 N=2,023 reported N=2,643 calculated</b>	<b>2009- 2010 N=2,251 reported N=2,452 calculated</b>	<b>2010- 2011 N=2,475 calculated</b>	<b>Trend</b>
	<b>n (%) n</b>	<b>n (%) n</b>	<b>n (%) n</b>	<b>n (%) n</b>	<b>n (%) n</b>	<b>n (%) n</b>	<b>n (%) n</b>	<b>n (%) n</b>	
<b>Parents</b>	<b>680 (33.2)</b>	<b>724 (32.8)</b>	<b>743 (33.0)</b>	<b>819 (36.5)</b>	<b>752 (36.6)</b>	<b>417 (15.8)</b>	<b>370 (15.1)</b>	<b>359 (14.5)</b>	↔
<b>Parents of   School-aged   Child</b>	480	531	532	613	573	312	286	255	
<b>Parent of   Medically-   fragile Child</b>	47	46	58	48	47	29	26	40	
<b>PTA   Representative</b>	123	112	122	123	106	59	49	47	
<b>Resource Center   Representative</b>	30	35	31	26	26	17	9	17	
<b>Students</b>	<b>96 (4.7)</b>	<b>93 (4.2)</b>	<b>114 (5.1)</b>	<b>107 (4.8)</b>	<b>80 (3.9)</b>	<b>66 (2.5)</b>	<b>81.0 (3.3)</b>	<b>92 (3.7)</b>	↔
<b>Health   Professionals</b>	<b>536 (26.2)</b>	<b>591 (26.8)</b>	<b>561 (24.9)</b>	<b>601 (27.1)</b>	<b>662 (32.2)</b>	<b>473 (17.9)</b>	<b>423 (17.3)</b>	<b>424 (17.1)</b>	↔
<b>Medical</b>	270	277	283	305	344	207	176	152	
<b>Dentistry</b>	25	42	27	33	36	27	22	24	
<b>Mental Health</b>	54	76	61	60	65	49	37	40	
<b>Public Health</b>	137	139	136	151	153	130	116	123	
<b>Substance     Abuse<sup>1</sup></b>	-	-	-	-	-	14	8	17	
<b>Prevention     Specialist<sup>1</sup></b>	-	-	-	-	-	13	21	28	
<b>Other</b>	50	57	54	52	64	33	43	40	
<b>Educators</b>	<b>1218 (59.5)</b>	<b>1211 (54.8)</b>	<b>1374 (61.1)</b>	<b>1367 (61.6)</b>	<b>1407 (68.5)</b>	<b>1243 (47.0)</b>	<b>1216 (49.6)</b>	<b>1255 (50.7)</b>	↔
<b>School Nurse</b>	290	289	299	313	292	293	275	281	
<b>Health/PE   Teacher<sup>2</sup></b>	207	208	262	282	305	144	139	157	
<b>Other Teacher</b>	117	104	91	84	98	73	71	72	
<b>School   Psychologist<sup>1</sup></b>	-	-	-	-	-	19	18	25	
<b>Central Office   Administrator</b>	252	249	292	276	285	170	161	164	
<b>Principal</b>	-	-	-	-	-	109	116	120	
<b>Program   Supervisor</b>	105	120	133	123	122	53	57	63	
<b>Counselor</b>	111	89	104	96	103	94	75	82	

<b>Food Services</b>	64	80	115	116	124	112	118	120	
<b>Staff Wellness Coordinator<sup>1</sup></b>	-	-	-	-	-	23	29	30	
<b>School Social Worker<sup>1</sup></b>	-	-	-	-	-	22	21	23	
<b>FLE Teacher<sup>1</sup></b>	-	-	-	-	-	27	39	36	
<b>Student Assistance Specialist<sup>1</sup></b>	-	-	-	-	-	10	7	5	
<b>Transportation Coordinator<sup>1</sup></b>	-	-	-	-	-	10	11	11	
<b>Safe &amp; Drug-free School Coordinator<sup>1</sup></b>	-	-	-	-	-	32	29	24	
<b>Other</b>	72	72	78	77	78	52	50	42	
<b>Community Representatives</b>	<b>303 (14.8)</b>	<b>307 (13.9)</b>	<b>302 (13.4)</b>	<b>389 (17.5)</b>	<b>431 (21.0)</b>	<b>258 (9.8)</b>	<b>192 (7.8)</b>	<b>199 (8.0)</b>	↔
<b>Civic Group</b>	61	59	71	111	115	55	33	46	
<b>Faith-based Group</b>	39	47	37	57	60	51	35	38	
<b>Human Services</b>	109	104	110	120	134	81	67	55	
<b>Youth Services</b>	94	97	84	101	122	71	57	60	
<b>Miscellaneous</b>	<b>154 (7.5)</b>	<b>179 (8.1)</b>	<b>166 (7.4)</b>	<b>193 (8.7)</b>	<b>260 (12.7)</b>	<b>186 (7.0)</b>	<b>170 (6.9)</b>	<b>146 (5.9)</b>	↔
<b>Business</b>	35	49	44	49	54	24	27	25	
<b>Government Official</b>	38	30	32	35	67	27	24	20	
<b>Law Enforcement</b>	41	46	42	51	54	48	46	50	
<b>Extension Agent</b>	-	-	-	-	32	29	32	25	
<b>Other</b>	40	54	48	58	53	58	41	26	

<sup>1</sup> New sub-category added to the 2008-2009 survey.

<sup>2</sup> Health and PE Teachers were collapsed into one category in the 2007-2008 survey, based on duplicate responses in previous years.

<sup>3</sup> The N-counts indicated in the top of the columns for 2003-04 through 2006-2007 are the unduplicated number of SHAB members in school divisions responding to this item. Because some members were counted in more than one category, the numbers in the table are greater than the N-counts and the percentages add to more than 100 (since they are calculated based on duplicated counts). For 2006-2007, 2007-2008, 2008-2009, and 2009-2010 the N-counts are shown for both un-duplicated and duplicated counts.

↓ ↑ ↔ denote decreases, increases, or no change, of at least 3% for each major category (e.g. health professionals) and 20 members in the sub-category between 2009-10 and 2010-11.

## Number and Type of SHAB Meetings Held

### SHAB General Meetings

According to *Code* section 22.1-275, SHABs are required to meet at least semi-annually. For 2010-2011, the average number of yearly meetings was 3.3 (same as for the two previous surveys 2008-10). The number of meetings ranged from 0 to 11. Three divisions (2.4%) never held any meetings and eight only one meeting (6.3%), with a total of 11 (8.7%) school divisions not meeting the regulations. The number was lower than 2009-2010 when 14 SHABs did not meet the recommendation. One hundred sixteen (91.3%) met the minimum requirement of meetings, two per year. See Table 3 for detailed breakdown.



*Table 3: Number and Percentage of General Meetings Held by SHABs for 2003-2004 through 2010-2011*

	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011
	N=129 %(n)	N=132 %(n)	N=132 %(n)	N=130 %(n)	N=132 %(n)	N=130 %(n)	N=125 %(n)	N=127 %(n)
No meetings <sup>1</sup>	2.3(3)	3.0(4)	3.8(5)	0.8(1)	2.2(3)	3.1(4)	4.8(6)	2.4(3)
One meeting <sup>1</sup>	12.4(16)	5.3(7)	4.6(6)	10.0(13)	6.1(8)	10.8(14)	6.4(8)	6.3(8)
Two meetings	22.5(29)	32.6(43)	25.0(33)	26.2(34)	25.0(33)	22.3(29)	28.8(36)	32.3(41)
Three meetings	19.4(25)	15.9(21)	15.2(20)	17.0(22)	21.2(28)	27.7(36)	15.2(19)	18.1(23)
Four meetings	24.0(31)	22.0(29)	21.2(28)	25.4(33)	22.7(30)	16.9(22)	28.0(35)	22.0(28)
Five meetings	8.5(11)	9.1(12)	12.1(16)	9.2(12)	8.3(11)	9.2(12)	6.4(8)	11.8(15)
Six meetings	4.7(6)	3.8(5)	6.1(8)	3.9(5)	3.8(5)	1.5(2)	4.0(5)	2.4(3)
Seven meetings	1.6(2)	3.0(4)	3.0(4)	3.9(5)	6.8(9)	2.3(3)	4.0(5)	1.6(2)
Eight or more meetings	4.7(6)	5.3(7)	7.6(10)	3.9(5)	3.8(5)	6.2(8)	2.4(3)	3.2(4)
Average	3.4	3.4	3.9	3.4	3.6	3.3	3.3	3.3

<sup>1</sup>Does not meet Code requirement.

### SHAB Sub-Committee Meetings

SHABs were requested to report the number of sub-committee meetings they had held in the previous year. A total of 67 SHABs indicated they did not hold any sub-committee meetings. Others held an average of 3.7 sub-committee meetings with a range of 1 to 23. The types of sub-committee meetings held included:

- Wellness, health, and youth activities
- Safety and transportation safety
- Staff wellness
- Concussions, allergies and crisis management
- School and community environment
- Dental/Nutrition/Mental Health
- Kindergarten services
- Health Fairs, food drives and fundraising
- Family Life Education
- Parent Nutrition Newsletter and parental involvement
- Drugs and alcohol abuse
- Nurses and health services
- PE and physical activities support
- Data collections and need assessments
- SHAB activities
- Food service
- Media in school and in community

## Reports

### Reports to School Boards

In addition to submitting an annual report to the Virginia Department of Education, school divisions are also requested to report on the “status and needs of student health” to their local school boards and to any “relevant school.” Forty-six (36.2%) school divisions did not submit an oral or written report to the local school board, indicating non-compliance with the *Code of Virginia*.

The percentage of school divisions in compliance since 2000-01 is as follows:

- 2010-11 - 63.8%
- 2009-10 - 72.0%
- 2008-09 - 63.8%
- 2007-08 - 75.8 %
- 2006-07 - 81.7 %
- 2005-06 - 85.4 %
- 2004-05 - 74.2 %
- 2003-04 - 67.7 %
- 2002-03 - 66.7 %
- 2001-02 - 62.2 %
- 2000-01 - 64.4 %

Equal number of SHABs did not submit written reports and oral reports (70) and both were slightly higher than the previous year. See Table 4. A total of 111 written and 101 oral reports were submitted to the school board and 99 and 130, respectively, to the central office personnel. Sixty-four school divisions submitted policy recommendations, in some cases more than one per division, to the school board, and 108 of the 136 (79.4%) of the policy recommendations were accepted.

*Table 4: Number of SHABs Making Written and Oral Reports to Local School Boards for 2003-2004 through 2010-2011*

	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011
<b>Written Reports</b>								
<b>None<sup>1</sup></b>	67	52	40	55	63	65	50	70
<b>One or more</b>	67	80	90	76	71	65	65	62
<b>Oral Reports</b>								
<b>None<sup>1</sup></b>	73	64	56	54	61	71	64	70
<b>One or more</b>	57	68	74	77	69	59	59	62

<sup>1</sup>Number of SHABs that either indicated they did not submit reports or did not provide a response to this item, among divisions returning survey forms.

## Reports to Central Office

The number of written and oral reports from SHABs to the central office improved over the last year. Seventy-six school divisions did not submit any written report compared with 80 previous year and only 63 SHABs did not submit any oral reports compared to 82 in the previous year. See Table 5.

*Table 5: Number of SHABs Making Written and Oral Reports to Central Office for 2003-2004 through 2010-2011*

	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011
<b>Written Reports</b>								
<b>None<sup>1</sup></b>	76	56	59	68	69	77	80	76
<b>One or more</b>	54	76	71	63	63	53	52	56
<b>Oral Reports</b>								
<b>None<sup>1</sup></b>	70	62	60	58	62	58	82	63
<b>One or more</b>	60	70	70	73	70	72	50	69

<sup>1</sup>Number of SHABs that either indicated they did not submit reports or did not provide a response to this item, among divisions returning survey forms.

## Reports to Other Groups

In 2010-2011, 15 school divisions provided written reports and 35 oral reports to groups other than local School Boards or the Central Office. Out of that number, four school divisions submitted written reports to the PTA/PTO and 17 of SHABs made oral reports. The other reports (11 written and 18 oral) were submitted to groups under the “other” category.

## Operating Procedures for SHABs

This year marks a significant increase in number and percent of school divisions indicating they had operating procedures/bylaws. A total of 107 (81.9%) indicated that they had operating procedures/bylaws. See below. Only 20 (18.1%) reported needing to establish operating procedures/bylaws. This may be attributed to a report created and disseminated via email and webinars and conferences on creating effective operating procedures/bylaws.

### School Year – Number and Percent of SHABs with Procedures/Bylaws

- 2010-11 - 107 of 127 SHABs (81.9%)
- 2009-10 - 74 of 125 SHABs (59.2%)
- 2008-09 - 69 of 128 SHABs (53.9%)
- 2007-08 - 79 of 132 SHABs (59.8%)
- 2006-07 - 72 of 129 SHABs (56.0%)
- 2005-06 - 73 of 124 SHABs (58.9%)
- 2004-05 - 78 of 130 SHABs (60.0%)

## Goals and Accomplishments of SHABs

SHABs were asked to report on their goals and accomplishments for the previous year in a total of nine different topic areas and 29 different activities. Table 6 outlines goals from 2004-2005 through the current year. Please note that the survey form for 2008-2009, 2009-2010, and 2010-2011 differed greatly from previous years in that they were asked to list only two goals rather than all respective goals. As a result, lower numbers are reported for all categories, since they do not reflect ALL goals of a SHAB. One hundred twenty-six SHABs out of 127 responded to this question. (Please see appendices for report forms for the past year).

*Table 6: Number of SHABs Identifying Goals for the School Years 2004-2005 through 2010-2011*

	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009 <sup>2</sup>	2009-2010 <sup>2</sup>	2010-2011 <sup>2</sup>	Rank
<b>Health Services</b>								
Increase school nursing staff	39	38	44	44	7	7	6	10
Develop/improve school health services	68	70	63	63	25	38	10	8
Develop/improve student wellness	89	102	100	106	26	43	20	4
Review procedures for student health screening, record keeping, and referrals	61	54	56	58	10	9	5	11

<b>Health Education/Instruction</b>								
Review health education curriculum	40	40	41	44	19	9	1	14
Review health education assessment	19	20	16	17	0	0	1	14
Reduce teen pregnancy	36	29	27	33	7	10	3	12
Develop/revise Family Life Education Curriculum	46	31	32	45	16	9	15	7
Revise HIV policy for school attendance	12	14	10	7	0	2	0	15
Reduce drug, alcohol, and/or tobacco use	51	50	51	57	8	16	10	8
<b>Healthy Environment</b>								
Review emergency/crisis medical situations	53	52	76	63	16	20	17	5
Review school health policies	53	63	68	57	20	9	7	9
Review school safety procedures	52	40	59	62	5	12	3	12
<b>Physical Education</b>								
Review physical education curriculum	25	35	31	35	10	13	3	12
Review physical education assessment	16	18	19	29	0	1	1	14
Review availability of instructional resources	14	30	26	26	3	3	2	13
<b>Increase students' physical activity outside of physical education class</b>	<b>55</b>	<b>68</b>	<b>69</b>	<b>62</b>	<b>16</b>	<b>9</b>	<b>7</b>	<b>9</b>
Increase students' physical activity during recess <sup>1</sup>	-	-	-	40	0	4	0	15
<b>Nutrition Services</b>								
Review school nutrition program procedures and offerings	103	104	98	95	26	29	33	2
Review school food policies to limit food rewards <sup>1</sup>	-	-	-	70	6	11	1	14
<b>Counseling</b>								
Review psychological and social services for diagnosing special needs for students	22	30	24	27	4	0	2	13
Review counseling services for helping students set education and social goals	28	23	24	32	5	4	1	14
<b>Staff Wellness</b>								
Review staff wellness initiatives	59	77	81	88	26	17	17	5
<b>Parent/Community Involvement</b>								
Improve parent communication/education	62	54	62	76	20	20	10	8
Develop/maintain community partnerships	74	61	69	69	17	15	1	14
<b>Other</b>								
Send BMI letters home <sup>1</sup>	-	-	-	20	2	0	1	14
Conduct a needs assessment/data collection	40	26	27	25	8	4	25	3
Improve operations of SHAB	33	40	38	45	28	22	16	6
Other	15	17	12	12	53	42	142	1

<sup>1</sup> These goals were listed starting in the year 2007-2008.

<sup>2</sup> In 2008-2009, 2009-2010 and 2010-2011, SHABs were asked to identify only two goals, not all goals that a SHAB could be working on.

Table 7 shows the categories by rank goals identified and reported by SHABs for 2010-2011. There were some notable comparisons to previous years (see Table 8). Although SHABs reported overwhelming majority of goals under "other" (they were not listed as a category on the survey) the goals of and revision of school nutrition program, procedures and offerings, conducting a needs assessment and/or data collection, developing and improving student and staff wellness, and reviewing emergency/crisis medical situations still ranked in the top five goals reported.

*Table 7: Identified Goals by Rank for SHABs for 2010-2011*

Rank		Identified Goals
		n
1	Other <sup>1</sup>	142
2	Review school nutrition program procedures and offerings	33
3	Conduct a needs assessment/data collection	25
4	Develop/improve student wellness	20
5	Review emergency/crisis medical situations	17
	Review staff wellness initiatives	17
6	Improve operations of SHAB	16
7	Develop/revise Family Life Education Curriculum	15
8	Develop/improve school health services	10
	Improve parent communication/education	10
	Reduce drug, alcohol, and/or tobacco use	10
9	Review school health policies	7
	Increase student's physical activity outside of physical education class	7
10	Increase school nursing staff	6
11	Review procedures for student health screening, record keeping, and referrals	5
12	Review physical education curriculum	3
	Review school safety procedures	3
	Reduce teen pregnancy	3
13	Review availability of instructional resources	2
13	Review psychological and social services for diagnosing special needs for students	2
14	Develop/maintain community partnerships	1
	Review school food policies to limit food rewards <sup>1</sup>	1
	Review health education curriculum	1
	Review counseling services for helping students set education and social goals	1
	Review physical education assessment	1
	Review health education assessment	1
	Send BMI letters home <sup>1</sup>	1
15	Increase students' physical activity during recess <sup>1</sup>	0
	Revise HIV Policy for School Attendance	0

<sup>1</sup> Other refers to goals such as: "During the 2010-2011, the SHAB will develop a wellness policy evaluation tool," "A bicycle helmet program will be undertaken in cooperation with the UVA Hospital Department of Neurology," "explore options for data collection and intervention, including the feasibility of BMI data collection at selected grade levels and appropriate strategies for implementing a BMI screening program," "To reduce the BMI's of students K-12."

For reference, Table 8 shows goals by rank (the highest number of SHABs reporting the selected activity) from 2004-2005 through 2007-2008 using the older format report form.

In the latest survey, SHABs were asked to describe in detail one accomplishment for the 2010-2011. One hundred and twenty-three (96.8%) responded to the question. The accomplishments were categorized into 29 activities, similar to the categories for goals. Forty-one achievements fell into "other" category, 28 SHABs described improvements to operations of SHABs, and ten described development and/or improvements of student wellness. Fewer than ten SHABs per each category described their accomplishments for the following fifteen categories: conduct a needs assessment/data collection (9), review emergency/crisis medical situations (7), review school nutrition program procedures and offerings (7), review staff wellness initiatives (6),

development/improvement school health services (5), reduce drug, alcohol, and/or tobacco use (5), review school health policies (5), develop/revise Family Life Education Curriculum (4), increase school nursing staff (3), reduce teen pregnancy (3), review school safety procedures (2), increase student's physical activity outside of physical education class (2) or recess (1), review availability of instructional resources (1), review school food policies to limit food rewards (1), and review psychological and social services for diagnosing special needs for students (1). Ten of 29 activities (for the list of all categories refer to Table 6) had no entries. Accomplishments, which were presented in a succinct manner, were concluded in the 2010-2011-survey period, and have an element of evaluation, are presented in Appendix C.

*Table 8: Ranking of SHAB Goals for the School Years 2004-2005 through 2007-2008*

		2004-2005	2005-2006	2006-2007	2007-2008
1	Develop/improve student wellness	2	2	1	1
2	Review school nutrition program procedures and offerings	1	1	2	2
3	Review staff wellness initiatives	7	3	3	3
4	Improve parent communication/education	5	8	9	4
5	Review school food policies to limit food rewards <sup>1</sup>	-	-	-	5
6	Develop/maintain community partnerships	3	7	5	6
7	Review emergency/crisis medical situations	9	10	4	7
	Develop/improve school health services	4	4	8	7
8	Review school safety procedures	11	12	10	8
	Increase student's physical activity outside of physical education class	8	5	5	8
9	Review procedures for student health screening, record keeping, and referrals	6	8	11	9
10	Review school health policies	9	6	7	10
	Reduce drug, alcohol, and/or tobacco use	12	11	12	10
11	Improve operations of SHAB	18	12	15	11
	Develop/revise Family Life Education Curriculum	13	17	16	11
12	Review health education curriculum	14	12	14	12
	Increase school nursing staff	16	15	13	12
13	Increase students' physical activity during recess <sup>1</sup>	-	-	-	13
14	Review physical education curriculum	20	16	17	14
15	Reduce teen pregnancy	17	20	18	15
16	Review counseling services for helping students set education and social goals	19	22	21	16
17	Review physical education assessment	23	24	23	17
18	Review psychological and social services for diagnosing special needs for students	21	18	21	18
19	Review availability of instructional resources	25	18	20	19
20	Conduct a needs assessment/data collection	14	21	18	20
21	Send BMI letters home <sup>1</sup>	-	-	-	21
22	Review health education assessment	22	23	24	22
23	Other	24	25	25	23
24	Revise HIV Policy for School Attendance	26	26	26	24

<sup>1</sup>These goals were listed starting 2007-2008.

## Local (School) Wellness Policies

In 2010-2011, similarly to 2008-2009 (Table 9), 98% of SHABs had implemented at least one goal for nutrition education. Thirty-six (28.8%) SHABs, least often chosen goal, was enrollment of school as Team Nutrition. Goals for nutrition integrity (consistent messages throughout school), inclusion of nutrition education in district health education curriculum standards, and classroom nutrition education were implemented by the largest percentage of SHABs. The majority of SHABs reported using observation of practices for evaluation of goal implementation related to nutrition education, with one-third reporting use of surveys and less than one-fourth baseline data from original assessments. About one-third of SHABs indicated plans to revise nutrition education goals. SHABs implemented between 1 to 9 goals, maximum possible range, and 5.2 an average per SHAB.

*Table 9: Nutrition Education in Local Wellness Policies for 2008-2009 and 2010-2011*

Goals in Local Wellness Policy	2008-2009 N= 129 % (n)	2010-2011 N=125 % (n)
<b>Implemented Goals for Nutrition Education</b>		
Students in grades pre-K -12 receive nutrition education that is interactive and teaches the skills they need to adopt healthy behaviors	73.6 (95)	76.0 (95)
Nutrition education offered in school dining room	73.6 (95)	70.4 (88)
Students receive consistent nutrition messages throughout schools, classrooms, cafeterias, homes, community, and media	75.2 (97)	68.0 (85)
District health education curriculum standards and guidelines include nutrition education	<b>79.1 (102)</b>	<b>80.8 (101)</b>
Nutrition is integrated into the health education and core curricula	58.9 (76)	62.4 (78)
Schools link nutrition education activities with the coordinated school health program	58.9 (76)	56.8 (71)
Staff who provide nutrition education have appropriate training	67.4 (87)	70.4 (88)
Schools are enrolled as Team Nutrition schools	24.8 (32)	28.8 (36)
Other	7.8 (10)	12.0 (15)
<b>Measurement</b>		
Surveys of students, staff, parents, and/or administrators	22.5 (29)	32.0 (40)
Observation of Practices	<b>87.6 (113)</b>	<b>91.2 (114)</b>
Evaluation of progress using baseline data from original assessments	14.7 (19)	17.6 (22)
Other	13.2 (17)	12.6 (16)
<b>Plans for Revision</b>		
School division plans to revise the nutrition education goals	23.3 (30)	31.2 (39)

Bold items denote the highest percentage of accomplished goals within that category for each period.

Table 10A displays goals for physical activity implemented by SHABs in 2009-2010. For the 2010-2011 survey, the physical activity goals were revised. Table 10B shows the most recent survey where 94% of SHABs implemented at least one physical activity goal. They were implementing from 1 to 6 goals with an average of 3.8 per SHAB. Among the implemented goals for 2010-2011, the most challenging were for schools to create safe environment for students to use alternate means of active transportation to and from school (42.4%) and goals in category "other" (11.2%). All other goals were highly successful with implementation above 60%.

*Table 10A: Physical Activity in Local Wellness Policies for 2009-2010*

Goals in Local Wellness Policy	2009-2010 N=125 % (n)
<b>Stated Goals for Physical Activity</b>	
Revise/improve physical education curriculum	<b>10.4 (13)</b>
Revise/improve physical activity assessment	0.8 (1)
Revise/improve physical activity resource availability	2.4 (3)
Increase students' physical activity outside of physical education	7.2 (9)
Increase the quality/amount of physical activity during recess	43.2 (4)

<sup>1</sup> Number of Divisions Completing Local Wellness Policy section = 129

Bold items denote the highest percentage of accomplished goals within that category.

*Table 10B: Physical Activity in Local Wellness Policies for 2010-2011*

Goals in Local Wellness Policy	2010-2011 N=125 % (n)
<b>Implemented Goals for Physical Activity</b>	
Students are given opportunities for physical activity during the day through PE classes, recess, and the integration of physical activity into the academic curriculum.	<b>96.8 (121)</b>
Students are given opportunities for physical activity through a range of before- and/or after-school programs (intramurals, interscholastic athletics, and physical activity clubs).	88.0 (110)
Schools work with the community to create ways for students to walk, bike, and rollerblade or skateboard safely to and from school.	42.4 (53)
Schools encourage parents and guardians to support their children's participation in physical activity, to be physically active role models, and to include physical activity in family events.	84.0 (105)
Schools provide training to enable teachers, and other school staff to promote enjoyable, lifelong physical activity among students.	60.8 (76)
Other	11.2 (14)
<b>Measurement</b>	
Surveys of students, staff, parents, and/or administrators	26.4 (33)
Observation of Practices	<b>95.2 (119)</b>
Evaluation of progress using baseline data from original assessments	24.0 (30)
Other	12.8 (16)
<b>Plans for Revision</b>	
School division plans to revise the nutrition education goals	24.0 (30)

Bold items denote the highest percentage of accomplished goals within that category.

The goals of nutrition standards were implemented by 98% SHABs. The range of goals was 1 to 5 and an average of 2.7 per SHAB. Table 11 displays goals for nutrition standards of the LWP that were implemented by SHABs in 2008-2009 and 2010-2011. Goals for food and beverages sold as a la carte and in vending machines, snack bars, school stores and concessions had highest priority for SHABs (92.6% and 70.4% respectively). The other three goals in this category had less than half of SHABs implementing them in their schools. A majority of SHABs reported using observation of practices for evaluation of goal implementation related to student wellness, with one-fifth reporting use of surveys or baseline data from original assessments. Increased number of SHABs (36.8% vs. 20.9% in 2009-2010) indicated plans to revise student wellness goals.



*Table 11: Nutrition Standards in Local Wellness Policies for 2008-2009 and 2010-2011*

Goals in Local Wellness Policy	2008-2009 N=129 % (n)	2010-2011 N=125 % (n)
<b>Implemented Goals for Nutrition Standards</b>		
School division sets guidelines for foods and beverages sold a la carte	<b>89.9 (116)</b>	<b>92.6 (116)</b>
School division sets guidelines for foods and beverages sold in vending machines, snack bars, school stores and concessions	75.2 (97)	70.4 (88)
School division sets guidelines for foods and beverages sold as part of school-sponsored fundraising activities	46.5 (60)	43.2 (54)
School division sets guidelines for refreshments served at parties, celebrations, meetings and rewards	51.2 (66)	48.8 (61)
Other	6.2 (8)	14.4 (18)
<b>Measurement</b>		
Surveys of students, staff, parents, and/or administrators	14.0 (18)	20.0 (25)
Observation of practices	<b>89.1 (115)</b>	<b>92.8 (116)</b>
Evaluation of progress using baseline data from original assessments	10.1 (13)	12.8 (16)
Other	14.7 (19)	12.8 (16)
<b>Plans for Revision</b>		
School division plans to revise nutrition standards goals	20.9 (27)	36.8 (46)

Bold items denote the highest percentage of accomplished goals within that category.

The goals in the school wellness category were set by 99% of SHABs. The number of goals range from 1 to 12 and the average per SHAB was 8. Table 12 displays goals implemented by SHABs in 2008-2009 and 2010-2011. Student wellness was a high priority for SHABs. Seven of the 12 goals were implemented by over 70% of SHABs. The notable exception to that high implementation rate was a goal of scheduling recess before lunch (28.8%). A majority of SHABs reported using observation of practices for evaluation of goal implementation related to student wellness, with less than one fourth reporting use of surveys or baseline data from original assessments. Almost one quarter (26.4%) of SHABs indicated plans to revise student wellness goals.

*Table 12: School Wellness Goals in Local Wellness Policies for 2008-2009 and 2010-2011*

Goals in Local Wellness Policy	2008-2009 N=129 %(n)	2010-2011 N=125 %(n)
<b>Implemented Goals for Student Wellness</b>		
School district provides a clean, safe, enjoyable meal environment for students	91.5(118)	88.8(111)
School district provides enough space for student access to meals with minimum wait time	88.4(114)	88.0(110)
School district makes drinking fountains available in all schools	81.4(105)	83.2(104)
<b>School district encourages all students to participate in school meal programs and protects identity of students eligible for free or reduced price meals</b>	<b>93.0(120)</b>	<b>94.4(118)</b>
School district schedules lunch time as near the middle of the day as possible	81.4(105)	83.2(104)
School district schedules recess for elementary schools before lunch	24.0(31)	28.8(36)
School district prohibits use of food as a reward or punishment	47.3(61)	51.2(64)
School district does not deny student participation in recess or physical activity as discipline or for makeup work time	51.2(66)	57.6(72)
School district provides opportunities for ongoing professional		

training/development for foodservice staff and teachers in nutrition and physical activity	68.2(88)	72.0(90)
School district makes efforts to keep school- or district-owned physical activity facilities open for use by students outside school hours	64.3(83)	68.8(86)
School district encourages and provides opportunities for students, teachers, and community volunteers to practice healthy eating and serve as role models in school dining areas	66.7(86)	73.6(92)
Other	8.5(11)	7.2(9)
<b>Measurement</b>		
Surveys of students, staff, parents, and/or administrators	14.0(18)	20.8(26)
<b>Observation of practices</b>	<b>89.9(116)</b>	<b>93.6(117)</b>
Evaluation of progress using baseline data from original assessments	11.6(15)	14.4(18)
Other	9.3(12)	7.2(9)
<b>Plans for Revision</b>		
School division plans to revise goals for student wellness	21.7(28)	26.4(33)

Bold items denote the highest percentage of accomplished goals within that category.

Table 13 displays goals for measurement and evaluation related to the overall wellness policy for 2008-2009 and 2010-2011. In 2010-2011, the majority of SHABs reported using observation of practices for evaluation, with about one-third indicating plans to use surveys of students, staff, parents, and/or administrators and about quarter of them indicating plans to evaluate progress using baseline data from original assessments. Less than half of school divisions (37%) have conducted an evaluation of local wellness policy implementation; and the number decreased when compared with 2008-2009 by 5%. The percentage of school divisions indicating that the schools intend to use evaluation results to revise the local wellness policy has not changed. New changes in legislation (Healthy Hungry Free Kids Act 2010) may increase evaluation and assessment. SHABs may also need technical assistance to develop methods for measurement and evaluation.

*Table 13: Measurement and Evaluation Goals for Overall Wellness in 2008-2009 and 2010-2011*

Goals in Local Wellness Policy	2008-2009 N=129 %(n)	2010-2011 N=125 %(n)
<b>Measurement and Evaluation Goals for Overall Wellness Policies</b>		
Surveys of students, staff, parents, and/or administrators	25.6(33)	29.6(37)
<b>Observation of practices, such as dietary and physical activity patterns</b>	<b>73.6(95)</b>	<b>82.4(103)</b>
Evaluation of progress using baseline data from original assessments	28.7(37)	24.0(30)
Documentation of milestones for policy implementation	24.8(32)	27.2(34)
Schools encouraged and/or required to use the Governor's Scorecard for Nutrition and Physical Activity	62.0(80)	52.0(65)
Policy development committee will report implementation status to superintendent and/or school board	39.5(51)	44.0(55)
Other	7.8(10)	6.4(8)
<b>Evaluation of Local Wellness Policy Implementation</b>		
School division has conducted an evaluation of local wellness policy implementation	42.6(55)	37.6(47)
Results of evaluation will be used to revise local wellness policy in the following year	38.0(49)	37.6(47)

Bold items denote the highest percentage of accomplished goals within that category.

## *APPENDICES*

- A. Section §22.1-275.1 Code of Virginia
- B. School Health Advisory Board Annual Report Forms and Local Wellness Policy Report Forms for 2010-2011.
- C. School Health Advisory Board Success Stories form 2010-2011 SHAB Report Forms and LWP Report Forms

*A. Section §22.1-275.1 Code of Virginia*

**Excerpt from the Code of Virginia § 22.1-275.1.**

**School health advisory board.**

Each school board shall establish a school health advisory board of no more than twenty members which shall consist of broad-based community representation including, but not limited to, parents, students, health professionals, educators, and others. The school health advisory board shall assist with the development of health policy in the school division and the evaluation of the status of school health, health education, the school environment, and health services.

The school health advisory board shall hold meetings at least semi-annually and shall annually report on the status and needs of student health in the school division to any relevant school, the school board, the Virginia Department of Health, and the Virginia Department of Education.

The local school board may request that the school health advisory board recommend to the local school board procedures relating to children with acute or chronic illnesses or conditions, including, but not limited to, appropriate emergency procedures for any life-threatening conditions and designation of school personnel to implement the appropriate emergency procedures. The procedures relating to children with acute or chronic illnesses or conditions shall be developed with due consideration of the size and staffing of the schools within the jurisdiction.

(1990, c. 315; 1992, c. 174; 1999, c. 570)

*B. School Health Advisory Board Annual Report Forms and Local Wellness Policy  
Report Forms for 2010-2011*

**SCHOOL HEALTH ADVISORY BOARD (SHAB)**  
**ANNUAL PROGRESS REPORT 2010-11 SCHOOL YEAR**

**Please complete and submit via e-mail to Caroline Fuller at the**  
**Virginia Department of Education**  
**no later than June 1, 2011.**

**I. IDENTIFYING INFORMATION**

School Division:

SHAB Chairperson:

Address:

City:

Zip code:

Telephone: (      )

Fax: (      )

E-mail Address:

Is the Chairperson also the contact person?    ☐ yes    ☐ no (Contact Person: \_\_\_\_\_)

Person Completing this Report:

Date:

Address:

City:

Zip code:

Telephone: (      )

Fax: (      )

E-Mail Address:

**II. STRUCTURE AND OPERATION OF YOUR SHAB**

**Membership**

Please identify the composition of your SHAB by marking the appropriate boxes with the **number of SHAB members in each category**. If a member fits into more than one category, please CHOOSE ONLY ONE CATEGORY that most closely fits the member's primary role on the SHAB.

**Parent**

- ☐ Parent of a school-aged child
- ☐ Parent of a medically fragile child
- ☐ PTA representative
- ☐ Resource center representative

**Community Representative**

- ☐ Civic group
- ☐ Faith-based group
- ☐ Human services
- ☐ Youth services

**Health Professional**

- ☐ Medical
- ☐ Dental
- ☐ Mental Health
- ☐ Public Health (Dept. of Health)
- ☐ Other (specify) \_\_\_\_\_

☐ Prevention Specialist

☐ Substance Abuse

**School Personnel**

- ☐ School Nurse
- ☐ Health /Physical Education Teacher
- ☐ Other Teacher
- ☐ School Psychologist
- ☐ Central Office Administrator
- ☐ Principal
- ☐ Program Supervisor (Program \_\_\_\_\_)
- ☐ School Counselor
- ☐ Food Services (School Nutrition)
- ☐ Staff Wellness Coordinator
- ☐ School Social Worker
- ☐ FLE Teacher
- ☐ Student Assistance Specialist

☐ Transportation Coordinator  
☐ Other (specify) \_\_\_\_\_  
☐ Safe & Drug-free Schools Coordinator

☐ Government Official  
☐ Law Enforcement  
☐ Extension Agent  
☐ Other (specify) \_\_\_\_\_  
☐ **Total number SHAB members**

**Miscellaneous**

☐ Student  
☐ Business

**A. Meetings**

How many general meetings did your SHAB hold this school year (excluding subcommittee meetings)?  
 \_\_\_\_\_ meetings

How many subcommittee meetings did your SHAB hold this school year? \_\_\_\_\_ meetings

List subcommittees: \_\_\_\_\_

Number of SHAB conference calls attended: \_\_\_\_\_

How many SHAB members attended the SHAB conference call? \_\_\_\_\_

**B. Reports**

How many reports and/or presentations did your SHAB make during this school year to the following:

<u>Groups</u>	<u>No. of presentations/Reports</u>
---------------	-------------------------------------

Local school board	<input type="checkbox"/> written <input type="checkbox"/> oral
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Central office personnel	<input type="checkbox"/> written <input type="checkbox"/> oral
--------------------------	--

Other: _____	<input type="checkbox"/> written <input type="checkbox"/> oral
--------------	--

PTO/PTA _____	<input type="checkbox"/> written <input type="checkbox"/> oral
---------------	--

_____	<input type="checkbox"/> written <input type="checkbox"/> oral
-------	--

_____	<input type="checkbox"/> written <input type="checkbox"/> oral
-------	--

**D. Policy Recommendations**

How many recommendations were made to local school boards? \_\_\_\_\_

Please list the recommendations:

_____	<b>accepted</b> _____	<b>declined</b> _____
_____	<b>accepted</b> _____	<b>declined</b> _____
_____	<b>accepted</b> _____	<b>declined</b> _____

**E. Operating Procedures**

How often are the SHAB's operating procedures/bylaws reviewed and/or revised?

☐ Every year
 ☐ 1-3 years
 ☐ 4-5 years

\_\_\_ Our SHAB's operating procedures/bylaws have never been reviewed or revised  
 \_\_\_ Our SHAB does not have operating procedures/bylaws.

Are your SHAB activities listed on your school division Web site? YES ☐ NO ☐

### III. GOALS AND ACCOMPLISHMENTS

### A. Goals

Please identify at least two goals that will impact the health needs of the students and/or staff in your school division. Please list:

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_
5. \_\_\_\_\_  
\_\_\_\_\_

## B. Accomplishments

Share the achievements of your SHAB this year. Please record one accomplishment of your SHAB in summary form.

### PROBLEM OVERVIEW:

--

***SELF-CHECK of Problem Overview – Have you:***

- ☐ *Described the problem being addressed and why it's important?*
- ☐ *Used data to frame the problem, including health burden and economic costs?*
- ☐ *Specified the affected population(s)?*

**PROGRAM/ACTIVITY DESCRIPTION:**

***SELF-CHECK of Program/Activity Description – Have you:***

- ☐ *Clearly identified the goals of your activity?*
- ☐ *Identified who was involved, including your partners?*
- ☐ *Clearly described the program/activity that was implemented, including where and when it took place and how it addressed the problem?*
- ☐ *Clearly described your planning and implementation process?*
- ☐ *Identified the target audience of the program/activity?*
- ☐ *Described how the progress of the program/activity is evaluated?*

**PROGRAM/ACTIVITY OUTCOMES:**

***SELF-CHECK of Program/Activity Outcomes– Have you:***



- ☐ *Identified whether or not the immediate goals were met?*
- ☐ *Identified the short-term or intermediate outcomes resulting from the identified goals that demonstrate how the program/activity addressed the problem (e.g., change in policy, use of curriculum, change in school-level practices, establishment of additional funding, etc.)?*
- ☐ *Identified how many students, families and communities were impacted by this work?*
- ☐ *Identified what barriers you encountered and how you overcome them?*
- ☐ *Provided a conclusion to the success story that avoids using broad, sweeping statements such as “There was a noticeable increase in healthy eating habits.”*

## **Local Wellness Policy Status Report Form 2010-2011**

**Section 204 of the 2004 Child Nutrition & WIC Reauthorization Act (Public Law 108-265) required all school divisions develop a local wellness policy by July 1, 2006. This status report is designed to gather data on the implementation, evaluation and revision of the local wellness policy during the 2010-2011 school year.**

*Complete the following questions in order to report on the status of your school division's required local wellness policy.*

**1. Please provide contact information for the chair of the committee responsible for the local wellness policy in your school division:**

**Name of Committee:**

**Name of Chairperson:**

**Mailing Address:**

**Telephone Number:**

**E-mail Address:**

**2. Which of the following nutrition education goals are included in your local wellness policy AND were implemented during this past year? Check all that apply.**

- ☐ Students in grades pre-K-12 receive nutrition education that is interactive and teaches the skills they need to adopt healthy eating behaviors.
- ☐ Nutrition education is offered in the school dining room as well as in the classroom, with coordination between the school nutrition staff and teachers.
- ☐ Students receive consistent nutrition messages throughout schools, classrooms, cafeterias, homes, community, and media.
- ☐ District health education curriculum standards and guidelines include nutrition education.
- ☐ Nutrition is integrated into the health education and core curricula (e.g., mathematics, science, language arts).
- ☐ Schools link nutrition education activities with the coordinated school health program.
- ☐ Staff members who provide nutrition education have appropriate training.
- ☐ Schools are enrolled as Team Nutrition Schools, and conduct nutrition education activities and promotions that involve parents, students, and the community.
- ☐ Other, please explain

**3. In what ways did you measure outcomes, impacts or improvements? Check all that apply.**

- ☐ Surveys of students, staff, parents, and/or administrators
- ☐ Observation of practices
- ☐ Evaluation of progress using baseline data from original assessments
- ☐ Other, please explain

**4. Does the school division plan to revise the nutrition education goals for 2010-2011?**

- ☐ Yes, please explain
- ☐ No

**5. Which of the following physical activity goals are included in your local wellness policy and were implemented during this past year? Check all that apply.**

- ☐ Students are given opportunities for physical activity during the school day through physical education (PE) classes, daily recess periods for elementary school students, and the integration of physical activity into the academic curriculum.
- ☐ Students are given opportunities for physical activity through a range of before- and/or after-school programs including, but not limited to, intramurals, interscholastic athletics, and physical activity clubs.
- ☐ Schools work with the community to create ways for students to walk, bike, rollerblade or skateboard safely to and from school.
- ☐ Schools encourage parents and guardians to support their children's participation in physical activity, to be physically active role models, and to include physical activity in family events.
- ☐ Schools provide training to enable teachers, and other school staff to promote enjoyable, lifelong physical activity among students.
- ☐ Other, please explain

**6. In what ways did you measure outcomes, impacts or improvements? Check all that apply.**

- ☐ Surveys of students, staff, parents, and/or administrators
- ☐ Observation of practices
- ☐ Evaluation of progress using baseline data from original assessments
- ☐ Other, please explain:

**7. Does the school division plan to revise the physical education goals for 2011-2012?**

- ☐ Yes, please explain
- ☐ No

**8. Which of the following guidelines for the nutritional value of foods and beverages sold or offered in the school environment; including standards for the amount of fats and sugars; for moderate portion sizes; and for maximum nutritional value, are included in the local wellness policy AND were implemented during this past year?**

**Check all that apply.**

- ☐ The school division sets guidelines for foods and beverages sold à la carte in the school nutrition program on school campuses.
- ☐ The school division sets guidelines for foods and beverages sold in vending machines, snack bars, school stores, and concession stands on school campuses.
- ☐ The school division sets guidelines for foods and beverages sold as part of school-sponsored fundraising activities.
- ☐ The school division sets guidelines for refreshments served at parties, celebrations, and meetings, or offered as rewards, during the school day.
- ☐ Other, please explain

**9. In what ways did you measure outcomes, impacts or improvements? Check all that apply.**

- ☐ Surveys of students, staff, parents, and/or administrators
- ☐ Observation of practices
- ☐ Evaluation of progress using baseline data from original assessments
- ☐ Other, please explain:

**10. Does the school division plan to revise the guidelines for the nutritional value of foods and beverages sold or offered in the school environment for 2011-2012?**

- ☐ Yes, please explain
- ☐ No

**11. Which of the following school-based activities to promote student wellness are included in your local wellness policy AND were addressed this past year? Check all that apply.**

- ☐ The school division provides a clean, safe, enjoyable meal environment for students.
- ☐ The school division provides enough space to ensure all students have access to school meals with minimum wait time.
- ☐ The school division makes drinking fountains available in all schools, so that students can get water at meals and throughout the day.
- ☐ The school division encourages all students to participate in school meal programs and protects the identity of students who are eligible for free and reduced price meals.
- ☐ The school division schedules lunch time as near the middle of the school day as possible.
- ☐ The school division schedules recess for elementary schools before lunch so that children will come to lunch less distracted and ready to eat.
- ☐ The school division prohibits the use of food as a reward or punishment in schools.
- ☐ The school division does not deny student participation in recess or other physical activity as a form of discipline or for classroom make-up time.
- ☐ The school division provides opportunities for ongoing professional training and development for school nutrition staff and teachers in the areas of nutrition and physical education.
- ☐ The school division makes efforts to keep school- or district-owned physical activity facilities open for use by students outside school hours.
- ☐ The school division encourages and provides opportunities for students, teachers, and community volunteers to practice healthy eating and serve as role models in school dining areas.
- ☐ Other, please explain

**12. In what ways did you measure outcomes, impacts or improvements? Check all that apply.**

- ☐ Surveys of students, staff, parents, and/or administrators
- ☐ Observation of practices
- ☐ Evaluation of progress using baseline data from original assessments
- ☐ Other, please explain:

**13. Does the school division plan to revise the school-based activities to promote student wellness included in the policy for 2011-2012?**

- ☐ Yes, please explain
- ☐ No

**14. Which of the following measurement and evaluation goals are included in your local wellness policy? Check all that apply.**

- ☐ Surveys of students, staff, parents, and/or administrators will be conducted.
- ☐ Observation of practices, such as dietary and physical activity patterns, is implemented.
- ☐ Evaluation of progress will be conducted using baseline data from original assessments.
- ☐ Implementation of policy milestones will be documented.
- ☐ Schools are encouraged and/or required to use the Governor's Scorecard for Nutrition and Physical Activity to measure progress in implementing the local wellness policy.
- ☐ The policy development committee will report implementation status to the superintendent and/or school board.
- ☐ Other, please explain

**15. Has the school division conducted an evaluation of the local wellness policy implementation?**

- ☐ Yes, please explain
- ☐ No

**16. Will the results of this evaluation be used to revise the local wellness policy for 2011-2012?**

☐ Yes, please explain

☐ No

**17. Please share the most significant impact of the local wellness policy in your school division during the 2010-2011 school year.**

**18. Please share one opportunity for improvement of the local wellness policy in your school division for the 2011-2012 school year.**

**Questions about the implementation, evaluation and revision of the local wellness policy may be addressed to Lynne Fellin, associate director, or the assigned school nutrition program specialist at (804) 225-2074.**

**Please survey along with the School Health Advisory Board Report by June 1, 2011**

### *C. School Health Advisory Board Success Stories from 2010-2011 SHAB Report Forms and LWP Report Forms*

The stories below were chosen for their succinct description, a relevant story that concluded in the 2010-2011-survey period, and an element of evaluation.

#### **Accomack County**

Accomack County Food Service Department, in conjunction with the Eastern Shore Food Bank, collaborated on a grant project that provided funds to supply 140 students with meals on weekends.

#### **Amherst County**

ACPS collaborated with VDH to offer school-based influenza immunization clinics to all students. Six hundred and eighty-three students received the influenza immunization.

#### **Arlington County**

The Arlington SHAB worked to revise and disseminate information to schools on healthy eating and healthy activity; completed a booklet on Severe Allergy/Anaphylaxis; supported the dissemination of a Community of Concern booklet to the parents of all 9th graders; and oversaw a subcommittee in the development of indoor recess activities and inclement weather guidelines. The information reached all 2,500 teaching staff and will impact the 21,000 students in the school division.

#### **Bath County**

Division physical education teachers, the school nurse, and staff from the Bath Community Rehab & Wellness Center partnered to complete BMI and skin-fold measurements for 155 students. The information was shared with parents. Parents also have received "Five Ways to Beat Summer Weight Gain" booklet.

#### **Bland County**

The school division has partnered with Wythe/Bland Foundation and has received a PE Grant. The grant total is \$20,520 and its purpose is to add PE equipment that will be used to promote physical fitness for students in K - 7.

#### **Brunswick County**

Presentations on the 9-5-2-1-0 Campaign were conducted by the school nurse at the open house for each school at the beginning of the school year. Approximately 50% of the student population (2000) was addressed. The activity progress was evaluated through observation.

The only barrier encountered was not having 100% student participation in open houses. The school nurse tried to overcome this by having a display in each school. Students and the staff were able to review information about 9-5-2-1-0 at a later time during the school year.

#### **Buena Vista City**

In order to promote better snack choices and remove the schools as a contributor to poor nutrition, the SHAB decided to make a drastic change. We applied for and received a \$500 grant and have replaced the offerings in the vending machines at our middle and high schools (May 2011). This change affects 650 students and faculty (60 staff).

#### **Caroline County**

Caroline County Public Schools has implemented an extensive Wellness Program, which includes students, parents, staff and community. Wellness committees were developed in each school and the SHAB has been instrumental in working with each school on their Wellness plans. Activities include Wellness Fairs, Survivor Challenge, after-school running, Biggest Loser, Governors Fitness Awards, Jump Rope for Heart, Weight Watchers, health screenings, pedometers for staff, Tai Chi, change in school menu and vending machines. Based on our Caroline County Public Schools Wellness surveys for

grades four, 92.8% students eat breakfast and 76.4% are interested in getting at least 60 minutes of physical activities per day. In grade eight, 57.6 % of students usually eat breakfast and 98.5% are moderately or very physically active. In grade eleven, 34.6 % of students usually eat breakfast and 89.4% are moderately or very physically active.

#### Carroll County

Nurses' hours have been restored to previous level for next budget year, as the health of students with chronic health conditions was being impacted.

#### Charles City County

Our major goal is to improve self-esteem in all students on all grade levels as a means to decrease risk-taking behavior. "Love Yourself Day" was held on February 14th as part of the continuing effort to raise self-esteem in all students. This topic is covered in Family Life and on a one-to-one basis with students. All staff and students were involved in the project. The project will be on-going and it will be evaluated at the end of the year. The evaluation is based on frequency and number of discipline referrals.

#### Covington City

Our school division needed to complete a national survey related to health, safety and youth risk behaviors. We had not completed a large national survey since 1999. We partnered with the local Community Services Board to administer the Youth Risk Behavior Survey in grades 7, 9, and 11.

#### Craig County

Our objective is to be able to complete the YRBS in the Craig County Middle School and High School every two years. Fortunately, in working with the Community Service Board and Rural Health Advisory Board (RHAB), we were able to secure funds and volunteers needed to complete implementation on May 1, 2011. Additionally, the data collected has already been reviewed by the SHAB.

#### Danville City

One of our SHAB members obtained a grant from the Chamber of Commerce that enabled her to organize a program "Physical Activity and Nutrition for Staff and Students (PANS)" affecting all schools. Representatives from each school met together to share their health-related extra-curricular activities and grants that they had obtained on their own. As a result of the PANS, 13 school sites reported new programs: eight walking clubs, three Zumba classes, five weight loss programs such as the "Biggest Looser, two health fairs, one faculty/parents softball game, two schools daily recess, and one weekly health newsletter. In addition, four schools obtained grants: one from Department of Education for multiple pieces of exercise equipment, one Fruit and Vegetable grant, one local grant for a physicians' grade scales, and one local \$10,000 grant to improve school health habits based on the Northern Virginia 9-5-2-1-0 program.

#### Dickenson County

Our SHAB partnered with Dickenson County Health Department to provide vaccinations for students, faculty, and staff. We provided vaccine to 583 students and 231 adults.

#### Dinwiddie County

SHAB and SADFS committees have worked together to provide a community-wide Health Fair entitled "On the Road to Wellness". This was the 5th Community Health Fair, 5K Trail Race and Fun Run for children. The Health Fair provided free screenings, healthy food samplings, drug and violence prevention pamphlets, safety of all types, mental health support, nutritional guidelines, and much more. This fair afforded families the opportunity to get shots for their children, dental screening, blood pressure, glucose and cholesterol tests, and spinal test. All services were free of charge. This fair targeted all families in the County of Dinwiddie. Ninety-three vendors participated in providing screenings, activities, demonstrations, and instructions. Two thousand adults and children attended the event.

#### Falls Church City

The high school has had an increase in drug activity this school year. The school resource officer and the Health and PE Curriculum Instructional Resource Teacher coordinated presentations for all grade levels at the high school on K2. The team presented and engaged the students by grade level. There have been no recurrent K2 issues reported at the high school.

#### Franklin County

Our school nurses and health department partnered in order to offer flu shots to students and staff at no charge. A schedule was made and each of the 12 elementary schools, two middle schools and one high school had a day for the shots. Permission forms were sent to families and collected by the school nurses for participating students. A staff development day was used to serve the staff. Shots were offered to staff before or after the workday. The vaccine was offered to approximately 7,200 students.

#### Galax City

Provided dental care for students in all three schools. The dental care was provided in fall and spring for over 350 students who could otherwise not afford the dental care.

#### Goochland County

School team (principal, nurse, nutrition supervisor, and cafeteria staff) partnered with Whole Foods Grocery to help the students achieve easier access to fresh produce. A grant in the amount of \$3,500 was awarded to the group and was used to set up and maintain a salad bar. The target audience includes students and staff at Byrd Elementary School. Effectiveness is evaluated through daily meal counts and cafeteria production records. It was observed that consumption of fresh produce has increased.

#### Grayson County

The nurse and members of SHAB were instrumental in developing educational material on H1N1, seasonal influenza, head lice, seizures, and diabetes. Parents can access the information on the school Edline website. Wellness information was sent to staff by email and Edline to increase participation. Our Wellness program offered wellness screenings for the staff, as well as new programs added that include the Turkey Trot's program and the Nutri-Sum diet.

#### Halifax County

One of our goals for this past year was to offer students hands-on activities related to nutrition. Through the partnership with the Virginia Cooperative Extension office, we were able to do so at each elementary school. Students participated in 30-minutes lessons twice a week for six weeks with regards to nutrition and healthy lifestyles.

#### Harrisonburg City

As of the 2011-2012 school year, we will have a full-time nurse in every school. This will impact over 4,000 students. In addition, this frees up office staff that took care of students when the nurse was not in the building. The Staff Wellness program provided many activities such as cycling, golf, walking, Weight Watchers, Zumba, and grocery store tours. Approximately 50 employees participated each week.

#### Henrico County

Throughout the school year, various marketing initiatives were in place through e-mail, media, letters, and various other forms of communication. Due to committee efforts, Henrico County Public Schools was awarded the Health Business of the Year Award.

#### Henry County

A partnership with the Coalition for Health and Wellness in Martinsville, VA was established and the State Health Department awarded PEPP grant to the coalition. A wellness class at three different sites was established for 12 consecutive weeks at each site. A pre-test and post-test to evaluate the program



were distributed among participants. Participants stated that the program encouraged them to eat healthier and to become more active.

#### Hopewell City

As a school division, we want to promote living a healthy lifestyle to our students, parents, and employees by expanding wellness education activities and encouraging involvement. Our Health/PE staff, along with other school volunteers, organized a Family Wellness Night at the elementary level. Free adult screenings were held for the parents, various activities for the kids were provided, and fruit and water were served for snack (250 participants).

#### King and Queen County

Our way to help promote student health is by limiting the availability of sugary drinks found in school vending machines. Central High School, in partnership with the School Health Advisory Board, obtained an unrestricted mini-grant of \$500.00. Funds were used to complete an audit of school vending machines and to promote the consideration of healthy product replacement. The vending machine audit was conducted and results analyzed. After multiple phone calls to various distributors, we decided to change our vendor. Students participated in the healthy vending program. In conclusion, 100% of vending machines are fully re-stocked and accessible to Central High School students.

#### Lancaster County

Due to the economic times, there were concerns expressed by students about the availability of food for some students during non-school days and the presence of adults to prepare such food. A survey was sent home inquiring about the need for such a program. The Lancaster County Public Schools Health Advisory Board, in conjunction with the Northern Neck Food Bank and local churches, implemented a backpack buddies program at Lancaster Primary School. The program began with thirty participants and has expanded to sixty, based on the availability of the food. A follow-up survey is being sent to the participants. Based on verbal comments from students and parents, the program has been successful.

#### Manassas City

We implemented a social marketing campaign for the 9-5-2-1-0 health message to help decrease childhood obesity in our community. Our community partners were the Northern Virginia Healthy Kids Coalition and the Prince William Health Partnership. The Prince William Health Partnership was funded with a Kaiser grant to develop nutritional toolkits. We had newsletter articles, broadcasts, bulletin boards, and health counseling and education provided to all stakeholders. The PE teachers utilized toolkits to teach nutrition in our five elementary schools. Several schools increased physical activity during recess. Seven thousand students and families were impacted by this work. One of our elementary schools created a song for the 9-5-2-1-0 health message that has been embraced by the entire division.

#### Manassas Park City

Our goal this year was to focus on promoting and providing healthier menu items for kids in upper elementary schools. The board, in conjunction with our food service department, made monumental changes to the menu and to the types of "seconds" offered to students. The upper elementary offers "healthy" seconds to students that may desire more food. These healthy choices are fruits and vegetable offerings only. The students and faculty have embraced this new policy and we regularly see students and staff electing healthier choices now.

#### Mecklenburg County

The SHAB worked with the Health Department to organize "Give Kids a Smile Day". Selected students at all grade levels were given the opportunity to visit a dentist and receive needed services at no cost. This service was offered at all grade levels. The SHAB took on the responsibility to make sure students were pre-screened for services and provided transportation to the dentist on the appointment day.

#### Middlesex County

The SHAB provided support to the nurse and partnered with the Middlesex County Health Department to provide flu shots to staff members and students in an effort to reduce possibility of flu outbreaks throughout the school division. This was done at no cost to staff or parents. More than 50% of the staff participated. While there were some cases of the flu, the number of staff and student absences was minimal.

#### Montgomery County

Nutrition education is an important component of wellness, but expecting classroom teachers to deliver all instruction on healthy eating is unrealistic. By partnering with the Cooperative Extension, all elementary schools are receiving an Organ Wise Guys kit and training for the entire staff.

#### Newport News City

All sites need more physical activities for staff. Wellness Team Leaders and committees were identified at all sites. Some of the most popular activities were: Biggest Loser, Walking Clubs, Know Your Numbers, Yoga, Zumba, and Belly Dancing. Reports from Wellness Team Leaders indicate many staff are participating and enjoying themselves.

#### Norton City

“Go Slow Whoa!” is a program recommended for grades K-3. The program is based on information outlined by the National Heart, Lung and Blood Institute. Topics included in the curriculum include the basic food groups, GO, SLOW, and WHOA foods, excess consumption of sugar, high fructose corn syrup, and salt, how serving size matters, the importance of drinking water and balancing calorie intake and physical activity. This year the program was introduced in the first and second grade classrooms. Hands-on activities after each lesson allow for evaluation of the various concepts taught.

#### Page County

We have continued to make positive steps in our prevention programs as they relates to ATOD. In 2010-11, our encouraging results from our “Pride Youth Survey” and the Virginia Foundation for Healthy Youth state surveys enabled our school district to continue to receive grant funding for these prevention initiatives. During the 2010-11 school year, 718 students in 6th through 8th grades participated in the research-based “All Stars Core & Booster” prevention program. In the 9th grade, over 200 students participated in the “Toward No Drug Abuse” (researched-based program), and another 50 students participated in the “Leadership Resiliency Program” and five families attended the “Families and Schools Together” program. Preliminary results indicate that students’ tobacco use and binge drinking have decreased.

#### Patrick County

The partnership between school nurses and our local health department was developed to provide informational handouts and flu vaccines for children in pre-K thru third grade, and to provide the TDAP vaccine for uprising sixth graders. Flu clinics took place in all six elementary schools in November and December 2010. The TDAP vaccine clinic took place in three elementary schools in April 2011. All students who signed up received the vaccine at their elementary school or were bused to the clinic site. Fifty-nine students (30%) of uprising sixth graders opted to receive the TDAP vaccine.

#### Pittsylvania County

No school health assessment had ever been completed. We have completed School Health Index in one elementary and one high school.

#### Powhatan County

In an effort to promote fitness and healthy living and improve our students' scores on the aerobic fitness component of the wellness test, the PCPS School Health Advisory Board and Powhatan County Department of Parks and Recreation joined together with our Health and Physical Education teachers to

sponsor a community health fair and three fun run/walks. This event required a great deal of advance planning, as well as the cooperation and support of a number of volunteers and partners in and out of the school system. A number of organizations/businesses that promote healthy living assisted us on this event as exhibitors, financial supporters, or volunteers. With over 300 runners and 20 exhibitors participating, we believe that this was a good first step in a long-term community effort for promoting physical fitness.

#### Prince William County

Prince William County Schools' teen pregnancy rate has increased at the middle and high school level. A Teen Pregnancy Prevention Task Force was established to include community partners, Prince William Health District, Department of Social Services, Community Services and others. The Taskforce worked collaboratively with PWCS staff who presented the "Safe Dates" program (an evidenced-based program) for students at two middle schools, followed by a parenting teen forum at each school, resulting in no increase in the number of middle school teen pregnancies for the schools involved.

#### Rockbridge County

Food service has worked to include more vegetables, whole grains, local foods and less fat in the menu choices for students. Nutrition information has been included on menus and in newsletters sent home to parents. We have maximized our available time for PE/recess during the school day. Activities have been coordinated through principals and PE teachers. Two of the seven schools showed significant reductions in overweight/obese students however, the other schools remained about the same and there was an increase of 10% at one of the two middle schools.

#### Spotsylvania County

The Spotsylvania County SHAB worked collaboratively with Chartwells, our food service partner, and conducted the third annual food drive during March (National Nutrition Month). Each school building and various business partners utilized MY Pyramid to designate five boxes which represented- grains, meat/ meat alternatives, vegetables, fruit and milk. This activity allowed parents and children depositing food items to obtain a nutritional educational component while providing not only desperately needed food but also balanced meals. The food drive rendered 4,770 items for a total of 212 meals.

#### Tazewell County

Influenza Vaccination Program: We have worked with our local health department to offer influenza vaccination to our students and staff. We observed increased participation this year when compared to years past. There was a decreased in influenza rate among students and staff.

#### Warren County

Warren County Public Schools, as part of the School Health Advisory Board, has targeted accessed funds through the "Drug Free Communities" grant. This grant is for \$125,000 and supports prevention work in our schools and community. These resources allow us to conduct a community-needs assessment to guide us in substance abuse prevention work. In addition, the funds allow us to publish a weekly column in the local newspaper, regular contributions to the Shenandoah Website, support Drug Free messages on radio, community TV, and print media, implementation of "Too Good for Drugs" and "Too Good for Violence" skate park programs, and many other activities. Thanks to the Right Turn Program, 27 students completed the substance abuse prevention program and have remained in public school.

#### Wise County

Wise County School System and our Community Partners (state police, health department, city police, local hospitals and Behavioral Health) have reviewed problems with drug and gang activity among our lower income student population (ages 12-18). Trainings occurred regarding recognizing drug and gang activity for students, parents, and school staff in Fall and Spring 2011 and ongoing. Staff, parents, and students are more knowledgeable of drugs, gang recruitment, and know how to recognize activity of

gangs in a community. After-school programs are provided for targeted age groups (12-18) to provide a healthy, fun alternative.